

**MARICOPA INTEGRATED HEALTH SYSTEM
HEALTH PLANS PROTOCOL**

SUBJECT: AUGMENTATIVE COMMUNICATION DEVICES APPLIES TO: MHP <input checked="" type="checkbox"/> MLTCP <input checked="" type="checkbox"/> MSSP <input checked="" type="checkbox"/> HEALTHSELECT <input type="checkbox"/>	Policy #: PA P 245.00 Policy Pages: 2 Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Initial Effective Date: 5/02 Latest Review Date: new This Policy will be reviewed annually.
MIHS HEALTH PLANS APPROVALS:	
Medical Director _____ Date: _____	
Director, Medical Management: _____ Date: _____	

PURPOSE: This policy exists to define coverage for augmentative communication devices. This is not a covered benefit for Health Select.

POLICY: Coverage guidelines are based on the Centers for Medicare and Medicaid Services (CMS) recommendations. Effective 1/1/01, augmentative and alternative communication devices are referred to as speech generating devices and fall into the DME benefit category. They are covered for patients who suffer a severe speech impairment.

DEFINITION: Speech generating devices are:

1. Dedicated device used solely by the individual with a severe speech impairment
2. May have digitized speech output using pre-recorded messages
3. May have synthesized speech output which requires message formulation by spelling and device access by physical contact with the device-direct selection techniques
4. May have synthesized speech output which permits multiple methods of message formulation and multiple methods of device access
5. May be software that allows a laptop computer, desktop computer or personal digital assistant (PDA) to function as a speech generating device

PROCEDURE:

- A. To be covered all of the following must be met:
1. Patient has had a formal written evaluation of their cognitive and communication abilities by a speech-language pathologist which addresses:
 - a. Current communication impairment including type, severity, language skills, cognitive ability and anticipated course of the impairment
 - b. An assessment of whether the individual's needs could be met using other natural modes of communication such as an alphabet board or writing out requests
 - c. A description of the functional communication goals expected to be achieved and treatment options
 - d. The rationale for a specific device
 - e. Demonstration that the patient possesses the cognitive and physical abilities to effectively use the selected device and any accessories
 2. The patient's medical condition is one resulting in a severe expressive speech impairment
 3. The patient's speaking needs cannot be met using natural communication methods
 4. Other forms of treatment have been considered and ruled out
 5. The patient's speech impairment will benefit from the device ordered

- B. Devices that would not be covered are:
 - 1. Devices that are not dedicated speech devices, but are devices that are capable of running software for purposes other than for speech generations, e.g. devices that can also be used to run a word processing package or perform other non-medical functions
 - 2. Laptop computers, desktop computers, or PDAs, which may be programmed to perform the same function as a speech generating device are not covered since they are not primarily medical in nature and do not meet the definition of DME
 - 3. A device that is useful for someone without severe speech impairment
- C. This criteria is used as a guideline for prior authorization and does not represent a standard of practice or care
- D. This protocol addresses medical coverage issues only and does not review individual benefit coverage issues. In order to issue an authorization number, the device must meet medical guidelines and benefit coverage guidelines under the specific plan.
- E. Medical Director review is **required** to approve or deny this device

MIHS Health Plans reserves the right to change the policy for administrative or medical reasons without notification to external entities. This policy is not intended to be utilized as a basis for a claim submission.